

# **Clinical Standards - Neurological Health Services**

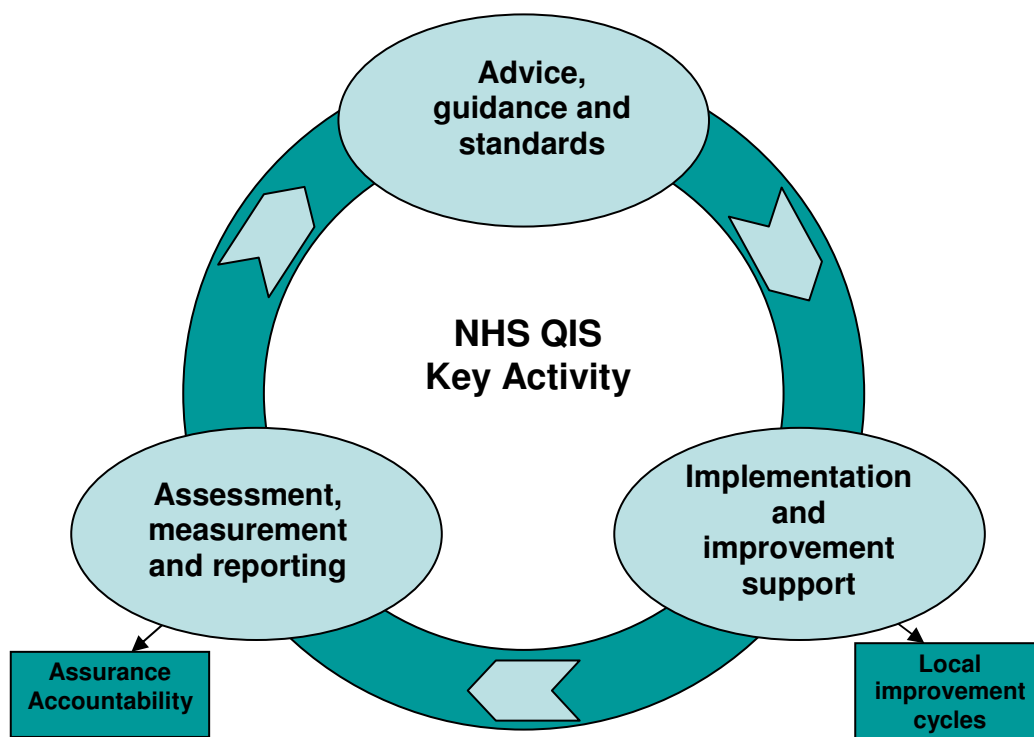
## **Implementation and Improvement Support Plan**

**January 2010**

# 1. INTRODUCTION

In October 2009 NHS Quality Improvement Scotland (NHS QIS) published a set of clinical standards for neurological health services aimed at improving the patient journey from the point of referral into the service. The standards focus on generic issues for the delivery of all neurological health services, and the areas of access, diagnosis and ongoing management for people with epilepsy, headache, motor neurone disease, multiple sclerosis and Parkinson's disease. The next stage in our improvement cycle is to develop an implementation and improvement programme that will support NHS boards as they work towards achieving the standards.

NHS QIS approach to improvement is based on an integrated cycle of improvement aiming to provide advice and guidance; to support reliable and sustainable implementation and improvement; and linked to feedback from assessment and measurement of performance.



The approach depends on working closely with the Scottish Government, with territorial and special health boards such as NHS Education for Scotland and NHS National Services Scotland Information Services Division (ISD) to bring greater integration and alignment to national initiatives and programmes of work. Success depends crucially on engaging the knowledge, skills and expertise of front-line staff.

## 1.1 Vision for Neurological Services in Scotland

The vision is that every patient in Scotland with a disorder of the nervous system experiences a quality of care that gives confidence to the patient, clinician and carer. This requires that the person:

- is assessed by the right person at the right time
- has timely access to investigations required
- receives the treatment appropriate to their problem
- is encouraged to participate in decision making on a partnership basis, and
- has easy access to information and services that enhances the long term management of their condition.

Harnessing the experiences and views of patients, NHS staff, voluntary organisations and social care will be central to the success of the programme.

## 1.2 Linking with Other National Initiatives

The implementation and improvement programme developed by NHS QIS provides an opportunity to focus on the specific improvements that need to take place within neurological services. Patients with neurological conditions will come into contact with health, social care, and voluntary organisations at many different points in their care. It is important therefore that we work with partner organisations and engage with complementary programmes and initiatives to maximise the benefits for patients and their families and improve services throughout the whole patient journey.

Significant progress has already been made in the delivery, planning and management of long term conditions (LTC) in Scotland. Better Health Better Care (2007) set out a range of measures to improve the quality of the National Health Service including the establishment of a long term conditions collaborative and the launch of a managed knowledge network to provide patients and carers with resources to support self management. NHS boards are already working with the long term conditions collaborative to take forward programmes of work aimed at improving services for people with long term conditions. The new work to support the standards for neurological health services will build on the Long Term Conditions Action Plan, the new Scottish Government Health Directorate Quality Strategy, the work of the Neurological Services Task and Finish Group, the “Gaun Yersel” Self Management Strategy and the Delivery Framework for Adult Rehabilitation.

Improving access to services through the 18 week referral to treatment target has been a major focus of activity for NHS boards in the last year. Extensive work has already been undertaken by the Scottish Government Improvement and Support Team to enable NHS boards improve access to neurological services. We will work with the Improvement and Support Team and NHS boards to identify what further support is required to continue to improve access to specialist neurological services.

### 1.3 Progress So Far

NHS Quality Improvement Scotland work	Date	Related National Initiative Activities
Neurological health services Prescoping report	2006	
Review of services available to those with neurological conditions - Scott-Moncrieff	2007	Better Health, Better Care Action Plan launched
Draft standards for neurological health services published in November	2008	Establishment of a Neurological Services Task and Finish Group to accelerate achievement of the 18 weeks referral to treatment HEAT target in neurological health services
SIGN guideline 107 - Management of headache published		
<p align="center"><b>Clinical Standards for Neurological Health Services published</b></p> NHS QIS supporting Scotland to take part in a 3-year UK-wide audit of Children's Epilepsy Services commissioned by Healthcare Quality Improvement Partnership	2009	Improving Health and Wellbeing for people with long term conditions in Scotland: A National Action Plan published
SIGN Guideline - Diagnosis and pharmacological management of Parkinson's disease published  <b>Launch of Implementation and Improvement Programme for Neurological Health Services</b>	2010	Task and Finish Group Report "Achieving the 18 weeks Referral to Treatment Standard in Neurological Services" to be published  Quality Strategy to be launched by the Scottish Government
	2011	
	2012	

## **2. IMPLEMENTATION AND IMPROVEMENT PROGRAMME**

The neurological services implementation and improvement programme is a two year programme, in the first instance, which aims to build on the progress made so far and:

- support NHS boards to improve neurological health services and achieve the clinical standards
- build improvement capacity and capability amongst front line staff and managers, and
- work with key stakeholders to build a culture of improvement that will result in measurable improvements in neurological services for patients in Scotland.

The programme will commence in March 2010 and be a partnership with NHS boards, the Long Term Conditions Programme Board and other key stakeholders. A clinical advisor will be appointed for two years, in the first instance, to support the programme.

### **2.1 Structure**

#### **2.1.1 Programme Advisory Group and NHS QIS Programme Team**

NHS QIS will establish an advisory group of key stakeholders to oversee the Neurological Services Implementation and Improvement Programme by March 2010. In addition a core team will be appointed to lead the improvement programme and will include a clinical advisor and programme manager.

#### **2.1.2 Clinical Engagement**

We will appoint a clinical advisor to ensure a strong clinical focus underpins the implementation and improvement programme by March 2010.

#### **2.1.3 Public Involvement and Stakeholder Communication**

The NHS QIS Team will continue to work closely with the Neurological Alliance of Scotland, the Long Term Conditions Alliance, the Better Together Programme and voluntary organisations to ensure engagement of patients and carers in the programme. We will establish a communication plan by March 2010 to ensure that all relevant stakeholder groups are kept informed about the programme and the progress being made.

#### **2.1.4 Local Infrastructure**

The NHS QIS team will work with NHS boards to identify a neurological services improvement lead in each board. We will support the improvement lead to identify a structure for local neurological services improvement groups.

## **2.2 Process**

Identification of key improvement indicators, gaining agreement about how these will be assessed, how much change is aimed for and by when is a fundamental prerequisite to an improvement programme. An early priority therefore will be to develop the measures to demonstrate the extent to which the standards are being achieved. This is likely to involve both the use of local tracking systems and existing national data sources identifying new ones only if required. In addition we will work with ISD and the Neurological Alliance of Scotland to review the information available within the MS register for its use as a potential data source.

### **2.2.1 Self Evaluation**

A self evaluation tool will be developed to enable NHS boards to undertake a baseline evaluation in relation to the standards. This will be used locally to identify the priority areas for improvement support in each board.

### **2.2.2 Identification of Interventions to Support Improvement**

The results of the self evaluation will provide the starting point to work with NHS boards, in collaboration with the Long Term Conditions Programme Board and the Improvement and Support Team, to identify the effective interventions to support diagnosis and management of neurological conditions.

NHS QIS will then identify priorities for the national work programme that will support staff, patients and their carers to focus on improvements in neurological services using tools and techniques chosen from the range of potential approaches.

### **2.2.3 Monitoring Progress in the Programme**

NHS boards will be supported to track improvement locally. Progress will be monitored by the NHS QIS team and used to promote mutual learning in NHS boards to produce further improvements and to sustain and spread successful changes in their local services.

## **3. IMPROVEMENT SUPPORT ACTIVITIES**

### **3.1 Learning Session**

A two day learning session will be delivered in the autumn of 2010. The learning session for improvement leads and relevant NHS staff and partner organisations will enable them to build their knowledge and skills in relation to improvement tools and techniques and understand which processes are key to achieving the aims of the standards, including how improvements will be measured.

### **3.2 Learning Support Network**

We will establish a learning support network following the two day learning session. This will enable clinical staff and managers to promote the sharing of information and learning, to build knowledge, develop expertise, identify solutions and solve problems. The network will support a range of activities during the two year programme.

### **3.3 Sustainability**

The implementation and improvement programme will run for a period of two years, in the first instance. Establishing a sense of momentum and pace to the programme will ensure a focussed approach on outcomes. Progress in establishing effective and efficient systems within NHS boards will be important to securing the ongoing commitment that will underpin further continuous improvement.

## **4. SUMMARY**

The NHS QIS Team will continue to monitor progress and provide advice to NHS boards and NHS QIS in relation to long term sustainability and future support requirements. In addition to its improvement function NHS QIS has a responsibility to assure the quality of services delivered by the NHS in Scotland. NHS QIS will therefore work with NHS boards to develop a quality assurance model that will measure improvements in neurological services.

**© NHS Quality Improvement Scotland 2010**

First published January 2010

You can copy or reproduce the information in this document for use within NHSScotland and for educational purposes. You must not make a profit using information in this document. Commercial organisations must get our written permission before reproducing this document.

[www.nhshealthquality.org](http://www.nhshealthquality.org)